

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D., }
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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* See note p. 64, Prof. VAN BUREN & KEYSER, on Urinary Organs.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIII.

LOUISVILLE, JANUARY 28, 1882.

No. 4.

J. W. HOLLAND, A. M., M. D.,
H. A. COTTELL, M. D., } Editors.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

"TORTURE IN THE UNITED STATES."

This is the caption of an editorial note in the Medical Press and Circular. The writer of it takes as true to history the story told by Mark Twain in the Century Magazine, entitled "A Curious Experience." In the course of the narrative a federal major interrogating a supposed spy relates that the spy broke off suddenly in his confessions, and then "Neither coaxing nor threats had any effect on him. Time was flying; it was necessary to institute sharp measures. So I tied him up a-tip-toe by the thumbs. As the pain increased it wrung screams from him which were almost more than I could bear; but I held my ground and pretty soon he shrieked out," etc.

The editorial writer infers that in this particular incident the story was well founded, and continues, "If torture never was employed by officers of the federal army in the interrogation of supposed spies, how comes it that the gifted author, without a word of apology or explanation, makes it a part of the machinery of the story? The point certainly requires elucidation; and at this moment, when the great western Republic is

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contending for the control of the Panama canal, in case of war it is important to inquire whether there is the faintest ground for believing that any of her officers are capable of forgetting the usages of modern warfare, and of condescending to practices that remind one of the infamous Lopez in the worst days of Paraguay."

Most persons familiar with the extravagant humor of Mark Twain would be satisfied with getting from his writings the amusement of an idle hour; it was reserved for our stolid English contemporary to draw from "a picturesque mistake in military matters" lessons of ethnology and political science. When the implications of a bit of romance are stretched so as to make it typify a broad national trait, something must be said in behalf of a more scientific inference. We protest that the editorial writer has leaped to a conclusion scarcely justified by the case, even if it pretended to be a true narrative. The note appended to the story is plainly an intimation that its military extravagancies are to be excused upon the ground of picturesqueness. That our English contemporary may better appreciate our point of view, the following true story is given, in all but the verbal form exactly as related, a few weeks since, to the present writer by a Confederate officer, who was an eye-witness of the events:

During our late war there served in a Kentucky brigade an officer of Her Britannic Majesty well known in all this region for his daredevil courage and fondness for battle. Upon one occasion the general in command found it very important to obtain information of the force and position of the

enemy. A federal prisoner recently captured was brought before the council and interrogated in vain. The English major asked permission to take the man apart and try his methods of persuasion. The request was granted and the two withdrew for a while. On returning the Englishman, with an air of triumph, told what he had learned, and invited the general to question the prisoner again, which was done now with complete success. The company was surprised at the change, and some hours later, when our informant was hobnobbing with the Englishman, he took occasion to inquire as to the means he employed to draw the truth from the unwilling witness. "I let him have an inch of my knife in his flesh, and told him I would do it again if he didn't tell the whole truth. That's the way we manage in India."

Now, if the English army was judged by this representative, and its treatment of prisoners by this incident, the political writer of the Medical Press and Circular might conclude that with stubborn Sepoys, as well as with patriotic Afghanese, the most enlightened nation had sometimes condescended to practices that remind one of the charges made in open court against the official conduct of Gov. Eyre and his officers toward the rebellious people at Jamaica. If he be a lover of Egypt he might shudder with apprehension when he reads how the Egyptians are turning against English functionaries and English influence at their court. It may become the Christian duty and manifest destiny of the owners of the Suez Canal to get control of all Egypt. Then woe to the unspeakably detestable nation which stands obstinately in the highway chosen by England as the shortest to her eastern empire.

THE Louisville & Nashville and Short Line railroad companies have followed the example of the Pennsylvania company in requiring a certificate of vaccination from its employees. The contagion of this exemplary act may outrun the smallpox.

Original.

ROUND-CELL SARCOMA INVOLVING THE EYELID AND ADJACENT PORTIONS OF THE FACE.

Extracts from Notes of Clinical Lectures delivered at the Kentucky School of Medicine in 1879.

BY M. F. COOMES, M.D.

John Murry, aged sixty-four. The history of this case dates back to 1869. The patient states that about ten years ago he perceived a small watery blister upon the lower lid of his right eye near the outer canthus. He says that the blister itself was very painful, but he experienced no particular discomfort in the eye. In a short time after the initiation of the disease all painful sensations passed away, and he felt little or no discomfort unless the spot was touched or pressed upon in a rude manner. There was a small open sore on the left temple directly opposite the outer canthus. The first manifestations of this were noticed a few months subsequent to the development of the blister on the right lid. These two spots continued as open sores for nearly three years without showing any tendency to increase their size. During this period Mr. M. sought the advice of several doctors, and used the agents recommended by them, some with apparent good results; but no remedy was sufficient to heal the breaches. At times the spots would become irritable and seem as though they would spread rapidly, and again they would remain quiescent for months. This state of things continued till some time in the early part of 1873, when both growths began to slowly increase their dimensions. Mr. M. again made an effort to stay their progress, but without avail. In 1879, when I first saw him, the growth on the left temple was less irritable than that involving the right lid. It was circular and about three eighths of an inch in diameter. That upon the right side involved a small portion of the upper lid, the outer canthus, a portion of the integument about the size of a nickel, extending from the canthus outward and involving a third of the lower lid. There was considerable induration about the growths, more particularly that upon the left temple, which could be lifted slightly with the integument, and felt somewhat like a button when pressed between the finger and thumb.

In order to determine the exact nature of the disease, a microscopical examination of a portion of the growths was made, which

showed them to be ordinary round-cell sarcomas. On the 2d day of November, 1879, I removed the growth from the left temple by making an incision through the skin and the adjacent underlying tissues so as to include an oblong piece of the integument and the growth. After making my incision with a Beer's cataract-knife, I dissected the piece out with a pair of scissors curved on the flat, and closed the wound with silk sutures. There was no suppuration, and the wound was well in a few days, and remains so to the present time.

On the 30th day of November, 1879, I removed the growth from the right side of the face and eyelid very much after the same fashion as I did that from the left temple. The patient refused to take chloroform, very much to the gratification of a large class of medical students, who expected to see the Irishman's courage fail him when the cold steel should be applied. But his great courage and a "drap of the devil" enabled him to sadly disappoint them. And just here I may say that chloroform is used much more frequently than is necessary. I made an incision through the healthy integument as in the former instance, so as to include as much of the growth as possible. It was necessary to remove a considerable portion of the conjunctiva, that had become diseased, and nearly or quite one third of the lower lid. The operation was rendered very tedious by copious hemorrhage. After removing all the diseased tissue the wound was closed by sutures in such a manner as to prevent as much shortening of the palpebral fissure as possible. The results which followed this operation were all that could be expected—namely, complete eradication of the disease with such a small amount of deformity as to scarcely attract the attention of the ordinary observer.

LOUISVILLE.

A CUP-PESSARY RETAINED IN THE UTERUS FOR SEVERAL WEEKS REMOVED BY AN OPERATION.

BY B. BUCKLE, M.D.,

Demonstrator of Practical Midwifery and Clinical Assistant to the Chair of Gynecology, University of Louisville, Medical Department.

M. K., aged twenty-four, occupation, servant, lately came under my care. She was suffering from prolapse of the uterus and vagina, and gave the following history: She did not remember the age at which she first menstruated, but stated that the function had

always been painless, regular in recurrence, and normal as to duration and the quantity of blood discharged. She had never borne children. About six years ago, while trying to lift a barrel of flour, she "felt something give way" in the lower part of the abdomen, and afterward suffered with pain in the back and hypogastrium. Subsequently she noticed that something was protruding from the vagina; but as this gave her no great inconvenience, she paid little attention to it, and continued her daily labor. After two years, however, the protrusion had increased so much as to alarm her, and she sought the advice of the late Prof. John E. Crowe, who on examination found the uterus prolapsed in the third degree, carrying with it the anterior and posterior walls of the vagina. Prof. Crowe replaced the uterus and introduced a Babcock stem-and-cup pessary as a preliminary measure, which was to be followed by an operation for the relief of the procidentia. The patient got so much comfort from the instrument that she allowed three months to pass before reporting to the doctor, who upon re-examination was astonished at not being able to find the cup of the pessary in the vagina. Further investigation showed that the cup had worked its way into the uterus, and that the cervix had contracted around the stem.

The question as to removal of the imprisoned cup now presented itself, and the only measure practicable seemed to be division of the cervix by means of the knife. This operation was accordingly performed. The cervix was divided unilaterally and the pessary removed. The patient was kept in bed and carefully attended for some days following the operation; but no unfavorable symptoms appeared, and she was soon able to rise and resume her work. The split in the cervix did not close, and the prolapse was in a measure relieved.

The chief points of interest shown in this case are, first, the ability of the woman to wear for weeks a pessary-cup in her uterus and without inconvenience or untoward results; second, the importance of frequent examination when a patient is wearing a pessary; third, the failure of the edges of the divided cervix to reunite after division. This is remarkable when viewed in the light of the fact well known to gynecologists, that a cervix divided for the relief of stenosis can with the greatest difficulty only be kept from reuniting, and suggests the thought that *dilatation* previous to division might do much to prevent this undesirable result.

It may be asked, how did the cup get into the uterus? By what means was the cervix so opened as to admit so large a foreign body?

The only rational theory presenting itself to my mind is that during exertion—such as walking, lifting, etc.—the patient must have so displaced the cervix that the os was made to bear upon the rim of the cup, which by gradual pressure dilated the cervical canal and entered the cavity of the womb.

LOUISVILLE.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Since my last communication I have visited several hospitals, among others the Manhattan Eye and Ear. You will recollect you gave me a note of introduction to one of the surgeons in charge, Dr. Baldwin. I found him to be a gentleman in every particular. He introduced me to several of the visiting surgeons, all of whom treated me with a great deal of attention. While I was present Dr. Webster enucleated two eyes and performed several other operations. Three surgeons are busy at this institution every day from two o'clock to half past five. Each one has his chair, and as one patient leaves another takes his place. Dr. Agnew invited me to visit his clinic on Wednesday next, when he will operate in two cases of cataract. I shall avail myself of the opportunity of being present.

This institution is among the largest of its kind in the country, and has a corps of as able surgeons as can be found any where. They are Drs. Agnew, Webster, Pomeroy, Carey, and Seguin. These belong to the eye-department; while there are several in the ear- and throat-departments. This hospital is located at the corner of Forty-first Street and Park Avenue, and has been recently erected. It is constructed on the most approved plan, both as it regards convenience and ventilation. There is no paint about the building, the wood finishing being varnished only. The heating and elevator powers are all down in the second basement. The elevator is worked by water pressure, which is so arranged that the water is not wasted but returned into the reservoir. Your friend, Dr. Baldwin, received me with great cordiality, and took a great deal of pains

not only to introduce me to the various surgeons of the institution, but in showing me through the building. I have never been treated with more politeness and attention than by the surgeons of the Manhattan. I expect to visit there several times yet during my stay here.

I will give you a recipe of a solution which is in very common use in this institution as an application to the eye. It is used with an atomizer in form of spray to the inflamed conjunctiva. I believe its use was introduced by Dr. Agnew. It consists of—

R Tannin.....	gr. x;	0.66 Gm.;
Biborate soda.....	gr. xx;	1.33 Gm.;
Glycerin	3 ij;	8.00 fl.Gm.;
Water.....	O ij;	946.38 fl.Gm.

M. Fiat solution.

A few days ago I happened to get acquainted with Mr. Ford, the surgical instrument manufacturer. I found him to be exceedingly pleasant. He took me to the New York Hospital, one of the finest arranged buildings I ever was in of the kind. It has but little ground room, being built in a densely populated portion of the city. It is located on Fifth Avenue between Fifteenth and Sixteenth Streets, running through from one street to the other; entrance for patients being on Fifteenth. One thing particularly in the arrangement of this institution struck me not only as being unique but very salutary, especially in a sanitary point of view. It is an arrangement by which the odors always arising from the culinary department are entirely avoided by the inmates below. As to its sanitary advantages, I have always thought the fumes developed by the process of cooking permeated the surrounding atmosphere with particles of animal and vegetable matter, which, if lodged in closed rooms any length of time, would undergo decomposition, thereby forming gaseous hydrocarbons, which would be deleterious to health. In this arrangement all the vapors and odors thus escaping pass off into the outside atmosphere. Another arrangement connected with this hospital of rather an unusual character consists in its rooms for the recreation of convalescents. These rooms are quite large, and contain a great variety of plants, both indigenous and exotic, some very beautiful. There are also in these rooms several aquaria containing a great variety of fish, turtles, and other water-animals. It readily occurs to the mind of the visitor how pleasant it must be for an invalid who has been confined in a ward several weeks, surrounded by the sick, to be transferred

from such surroundings into what might be termed with much propriety a paradise of flowers and plants, besides other things very pleasant to the eye. These rooms are so arranged that the males and females are kept separated. This would be quite a pleasant place even for a person in good health to sojourn in for a while.

This institution is not properly a city charity; it depends mainly on private contributions for its maintenance, but I understand it is already quite wealthy in endowments. The building proper is quite new, and as before remarked constructed in the latest approved manner for ventilation as well as for various conveniences. It has marble floors throughout, and is virtually fireproof. There is no paint in the building, all the woodwork being polished and simply varnished. It is not even insured in the fire companies. All the offices, library, and the museum-rooms are in a magnificently-constructed residence fronting on the opposite street to that of the main entrance. This old family mansion was purchased of the North family, who some years ago took up their residence in Paris.

I would like to say more about this hospital, its fine pathological collections its extensive library, its number of beds, etc., but time and space will not permit.

NEW YORK, Jan'y 2, 1882.

T. B. G., M.D.

Reviews.

Suppression of Urine: Clinical Descriptions and Analysis of Symptoms. By E. P. FOWLER, M.D. New York: Wm. Wood & Co. 1881.

This monograph of eighty pages must be regarded as a work of library research no less valuable than remarkable.

Section first gives the clinical history and autopsy of a case of Dr. Fowler's, in which anuria existed for ten days and two hours. A good chromo-lithograph as a frontispiece shows that the left kidney and supra-renal capsule were the subjects of cystic degeneration. The swelling appeared to be pointing in the right hypochondrium, and was aspirated under the impression that it was an hepatic abscess. Some blood, followed by clear yellow fluid, escaped, and after this operation urine was found in the bladder. The cyst by pressing upon the right renal artery occluded it, thus causing sudden anuria. Peritonitis followed aspiration, and the pa-

tient died with symptoms of blood-poisoning.

The author in subsequent sections reviews ninety-three cases elaborately and exhaustively by tables and diagrams. He gives prominence to the fact that sudden and total urinary suppression in absence of other acute illness or of poisoning is nearly always co-existent with the presence physiologically of but one kidney.

We know of no study of the literature of anuria any thing like so comprehensive and minute as this is.

A Handbook of Uterine Therapeutics and of Diseases of Women. By EDW. J. TILT, M.D., etc. Fourth edition. New York: Wm. Wood & Co. 1881.

This is the November number of Wood's library. The plan of the author is to treat of the different therapeutic groups in separate chapters. Each chapter is headed Tonic Medication or Sedative Medication or Uterine Surgery accordingly, and embraces all that may be said of the application of the special group of remedies to all the diseases of women. This method is peculiar and has its advantages. It is well adapted to comparative study. It is suited to the author's conservative views—views that are now well known as expressing the paramount importance of hygiene, the constitutional origin of many female diseases, the possibility of curing most diseases of women without surgery, the impossibility of doing without surgery in some aggravated forms of uterine affections.

The exhaustion of three previous editions has indicated the degree of appreciation in which the work is held. The present issue is enlarged and revised. Doctors who seek a treatise embodying an easy, familiar style, sterling common sense, and undoubted practical talent, will find it here.

A Pocket-Book of Physical Diagnosis for the Student and Physician. By EDW'D T. BRUEN, Lecturer on Pathology in the Woman's Medical College of Philadelphia, etc. Philadelphia: Presley Blakiston. 1881. Price, \$2.

The author has in a simple and unpretending way expressed the practical points embraced in a course of instruction on physical diagnosis. Drawings have been used for the better illustration of the text. Other teachers will find this a capital text-book for class use.

Books and Pamphlets.

ANESTHETICS MEDICO-LEGALLY CONSIDERED. By J. G. Johnson, M.D. Brooklyn, N. Y. Reprint.

OBSTETRIC AND GYNECOLOGICAL LITERATURE, 1876-80. By Jas. R. Chadwick, M.D., Boston, Mass. Reprint.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1881. Washington, 1881.

ADDRESS DELIVERED AT THE DEDICATION OF THE HALL OF THE BOSTON MEDICAL LIBRARY ASSOCIATION, DECEMBER 31, 1878. By O. W. Holmes, M.D., President. Reports and remarks.

ANNUAL REPORT OF THE HEALTH DEPARTMENT OF THE CITY AND COUNTY OF SAN FRANCISCO FOR 1881.

According to this report the city of San Francisco had in 1880 only 18.27 deaths per thousand—a very healthy showing.

THE AMERICAN MEDICAL DIGEST. Published monthly. Edited by John C. Lester, A. M., M. D. Contributors: Alexander J. C. Skene, M. D., Arthur Mathewson, M. D., F. R. Sturgis, M. D., George H. Fox, M. D., and John C. Shaw, M. D. Vol. I, No. 1, January, 1882. New York: H. Campbell & Co., publishers, 21 Park Row.

A STUDY OF THE TUMORS OF THE BLADDER, WITH ORIGINAL CONTRIBUTIONS AND DRAWINGS. By Alex. W. Stein, M. D., Surgeon to Charity Hospital, Genito-urinary and Venereal Division, etc., etc. Illustrated with eleven full-page plates. 8vo, bound in muslin. Price, \$1.25. New York: Wm. Wood & Co. 1881.

Formulary.

QUINIA KINATE FOR HYPODERMIC USE.

Henry Collier (Pharmaceut. Journal) claims that the kinate of quinia is a very soluble salt, and for this reason recommends it for hypodermic use as follows:

Quiniæ kinatis..... gr. ij; 0.12 Gm.;
Aque dest..... ℥ viij; 0.50 fl.Gm.

M. ft. sol. Dose for one injection.

He prepares the salt by converting kinate of calcium into kinate of barium, and this by double decomposition with sulphate of quinia into sulphate of barium and kinate of quinia.

THE EXTERNAL USE OF JABORANDI.

Dr. Stehman uses successfully (abstract from Lancaster Medical Society translation) a poultice composed of two parts of flaxseed and one of crushed jaborandi leaves in mammary inflammations, as well as in the inflammatory stages of buboes and in mumps. In order to extract and thoroughly incorporate the active principles of the jaborandi in the mass, the leaves were first infused in the quantity of hot water necessary to make the poultice of proper consistency. —*Med. and Surg. Reporter.*

A TONIC IN DEBILITY AFTER ACUTE DISEASE.

R Ext. boldo fluidi..... ℥ j; 30.00 fl.Gm.;
Tinct. cinchonæ co..... ℥ ij; 60.00 fl.Gm.;
Syr. simp..... ℥ j; 30.00 fl.Gm.

M. Sig. A teaspoonful every three hours.—*Therapeutic Gazette.*

COUGH-MIXTURE IN CHRONIC BRONCHITIS.

R Ext. lippiae Mexicanæ, } aa fl. ℥ j; 30.00 fl.Gm.;
Ext. grindelæ rob..... }
Ext. yerbæ santæ..... }
Liq. potassæ..... fl. ℥ ij; 8.00 fl.Gm.;
Glycerinæ, q. s. ad..... fl. ℥ iv; 120.00 fl.Gm.

M. Sig. A Teaspoonful every three hours.—*Ibid.*

A COMBINED STOMACHIC AND LAXATIVE FOR INDIGESTION FROM STOMACHIC DEBILITY AND BILIOUSNESS.

R Ext. boldo fl..... }
Ext. rhamnus pursh. fl. } aa ℥ ss; 15.00 fl.Gm.;
Ext. euonymi purp. fl. }
Glycerinæ..... }
Ext. nucis vomicæ fl..... ℥ j; 4.00 fl.Gm.;
Aq. cinnamomi fl..... ℥ j; 30.00 fl.Gm.

M. Sig. Teaspoonful three times a day.—*Ibid.*

Lectures.

ON THE TREATMENT OF THE DIFFERENT FORMS OF NERVOUS AND NEURALGIC HEADACHE.

BY WILLIAM HENRY DAY, M. D.,

Physician to Samaritan Hospital for Women and Children, London.

Bromide of potassium is a valuable remedy, and many a headache is kept in check, and the seizure cut short, if a full dose be taken as soon as discomfort is felt, particularly if the patient can go to bed and obtain sleep. Again, if compelled to keep about, twenty grains taken in a little sal volatile and water will lull the nervous centers and so calm the cerebral circulation; or ten-grain doses with carbonate of ammonia in effervescence with citric acid will sometimes have an equally good effect. I know many persons who never undertake a journey without being provided with this remedy, and yet with it they can travel the whole day and awake next morning perfectly free from headache or nervous disturbance. When the remedy exerts such a speedy and good effect the headache is not of a severe type. The physiological action of bromide of potassium is to diminish the functions of the brain, and to allay reflex irritability of the whole system of spinal nerves. By its sedative action on the stomach the sympathetic nerve is quieted, and this has a corresponding effect on the cerebral nerves. Then it may do good by its tendency to lower cardiac excitement and to contract the smaller vessels by which a diminished quantity of blood circulates through the brain. I have never known any ill effects to ensue from the administration of the bromide, and I have given it in considerable doses for a long time together.

Bromide of ammonium is a drug which sometimes

exerts an excellent effect upon nervous headache, relieving it, in fact, when the potassium salt fails. I generally give it with a few drops of sal volatile in a wineglassful of water on first awaking in the morning, before the patient gets up, and in this way a mild form of headache is kept at bay. The remedy would be altogether useless in a severe form.

Hydrate of chloral is a popular and excellent drug. When an attack is threatening, and the patient knows from former experience that unless sleep can be procured at once that he is doomed to many hours, if not days, of misery, a full dose will rest the brain, and so act upon its vessels as to control the hyperemic condition upon which, in a great measure, the pain depends. Excitement of the cerebral circulation, flushing of the face, and fullness of the pulse, are the chief indications which justify its exhibition; but there is no danger of giving it now and then, even if the pain seems chiefly to depend upon some peculiar excitability of the nerve-centers. There is no fear of depression in such cases, but the habitual resort to it will lull the senses into a state of drowsiness and lethargy, just as habitual indulgence in alcohol will damage the nerve-tissue, and lower the activity of both respiration and circulation. The brain is certain to become weakened and the mental functions impaired if a person acquires the habit of taking the drug for any lengthened period. Occasionally taken at the onset of a headache or when the patient is nearly worn out with suffering, it is most valuable; but indiscriminately resorted to the patient is sure to pave the way to mischief in the brain and nervous centers. The best chance of its doing good is to give it when the patient feels an approaching seizure, for if the pain has reached an acute stage it will repeatedly cause nausea and vomiting, and then several doses may be taken with an increase of suffering rather than any abatement of it.

Croton-chloral is formed by the action of chlorine gas upon aldehyde, and like hydrate of chloral was introduced by Dr. Liebreich. In some forms of nervous and neuralgic headache it is a most useful remedy. In doses of from five to ten grains it will relieve pain and procure sleep, but if there be any nausea present the tendency is to increase it. The dose must be varied according to the circumstances of each case, delicate, nervous women being affected by a small dose, while strong people require a larger quantity. I begin with five grains in a little syrup and water at night, and if this has no effect in an hour I then repeat the dose. As a rule I have given ten grains for a dose at bed-time, but this has not in all cases procured sleep. The symptoms occasioned by an overdose of chloral-croton are said to be precisely similar to those of chloral hydrate.

Arsenic is a remedy of the greatest utility in neuralgic and periodic headache. Alone I have seldom employed it, generally combining it with iron or quinine, according to circumstances. It is one of the remedies that ought to be continued a sufficiently long time. I remember a little girl who had severe frontal headache and chorea, for which various remedies were prescribed in vain, all judiciously selected, but abandoned too soon. Under the prolonged use of Fowler's solution the choreic movements eventually ceased, and the headache vanished at the same time. In order, therefore, to bring about a successful issue, this remedy must be taken long enough to produce its specific effects.

I find on looking over my notes that some cases of neuralgic headache have yielded to a combination

of bromide of potassium, quinine, and arsenic, when none of them alone brought any relief. The attacks diminished in severity, and in the case of one patient where headache occurred periodically, instead of being confined to the couch during each menstrual period she could get about at this time in comparative comfort. This headache was of seventeen years' duration, and the relief derivable from the plan of treatment, carefully carried out in the intervals of the attack, was very remarkable. Arsenic is especially serviceable in depressed states of the nervous system; neuralgic headache, like neuralgia generally, indicates lowered vitality, and for this arsenic is a valuable remedy, by giving a stimulus to the vital forces. Again, in all cases of neuralgic headache associated with eczema or psoriasis, or the absorption of miasmata, arsenic is very serviceable, and should be given until its specific effects are produced. Granules of arsenious acid (one sixty-sixth of a grain) is a very good form of administration. One may be given twice a day after food.

Quinine is a remedy so well known and so generally administered in headache that it will require only a short notice. Frontal headache is rarely relieved by it, unless it is paroxysmal and resembles the neuralgic form in other respects. If the pain originates from disorder of the digestive apparatus, or if it be due to sympathetic disturbance in some other organ of the body, then quinine will aggravate the suffering; but if the attack is purely neural, if one-sided, or even if it seize the occiput, the remedy will be found of service. Five grains dropped on a little plain water and instantly swallowed may be given for a dose when the pain affects one side of the head and face. This dose may be repeated every hour till the suffering subsides. Sometimes a single dose will take away the pain in a few minutes. After this dram doses of the tincture of quinine with ten minims of spirit of chloroform will be found very serviceable, and may be continued for some days.

Iron, from its direct action on the blood, and its power to remove anemia, is of great value in nervous and neuralgic headache. When the pathological change in the brain is one of anemia, and the ganglionic cells are disturbed there, some soluble preparation of iron will be needed. Those that are the least astringent and stimulating are to be preferred; but where the conjunctiva is very pale, and the tongue is large, flabby, and indented by the teeth, then the tincture of the perchloride may be given with a few drops of spirit of chloroform twice a day after food. When the anemic condition is removed, and the digestive functions are stronger, the headache is often relieved. The preparation I have most frequently used is the ammonio-citrate of iron in five-grain doses, given three times a day, combining it with bromide of ammonium, or with arsenic where the headache is one-sided. Dialyzed iron is an excellent preparation, and I have often employed it successfully in the case of children. The syrup of the hypophosphite, occasionally combined with ten-grain doses of bromide of potassium, is well borne in many cases of nervous headache.

Phosphorus may be often given with advantage in some forms of nervous and neuralgic headache. It acts as a general tonic to the nerve-centers, and is undoubtedly of value when the nervous system is exhausted from any cause. The phosphorus *perles* are the best form of administration. The drug should be commenced in small doses (one sixtieth of a grain) directly after food, and be gradually increased to one

thirtieth of a grain daily, or even twice a day. I never exceed this dose. I have known uncomfortable symptoms follow very small doses in the shape of sickness, abdominal irritation, and weak pulse. In large doses its action is that of an irritant poison. It should only be given in the intervals of the headache due to nerve exhaustion, and it is useless if there is nausea or a seizure is coming on. The most striking instance I have seen of its utility was in a case of neuralgic headache arising from malarial poisoning.

Gelsemium will occasionally relieve a neuralgic headache when the bromides and quinine fail. In one case of occipital and neuralgic headache ten minims administered in an ounce of water quickly gave relief. In another case a grain of the powder given in a pill at bed-time ward off a threatening paroxysm and induced sleep. It is important to begin with a small dose, say five minims of the tincture, as a case is recorded where ten minims, followed in half an hour by a repetition of the same dose, produced drowsiness, shivering, frontal headache, dizziness, and symptoms of collapse.

Tea, as a rule, should be prohibited to the victims of nervous headache. If it is ever consumed in the place of food it is a still more baneful excitant. Notwithstanding that long-established habit has made it an indispensable article of daily consumption, and some persons are peculiarly adapted to tolerate it, it is certain to be productive of evil when the nervous system is reduced in strength. In one person a severe nervous headache will vanish quickly on taking a strong cup of tea, and in another it will increase the headache by causing severe nausea or vomiting.

Coffee will ward off an attack in some persons by acting as a powerful stimulant or a brisk aperient. So much for idiosyncrasy and habit of constitution, which ought to be considered when we are prescribing for a patient. If in persons of delicate constitution we can encourage the consumption of the purest and the lightest cocoa or chocolate well prepared, and give it when the stomach is at its strongest, in the absence of headache, we shall strike at the origin of the evil by conveying into the system a large amount of nourishment which exercises a most salutary effect on the nervous system.

The therapeutic action of *cafein* is like that of strong coffee. It is a stimulant to the brain and nervous system, augmenting reflex action, increasing the frequency of the pulse, and removing the sensation of fatigue. A moderate nervous headache arising from exhaustion will often yield to it at once. From one to four grains of citrate of *cafein* is the proper dose. Bishop's granular effervescent citrate of *cafein* is a convenient form of administration. A teaspoonful may be taken in a little water twice or three times a day. Each dram contains one grain of *cafein*.

When medicinal remedies are employed for the relief of an irritable and sensitive brain, the danger is that the stomach may be overburdened or excited and so transmit evil messages through the complex arrangement of nerves that are scattered over its surface.

With reference to the use of *alcoholic stimulants* by persons suffering from headache it is impossible to lay down any precise rules of guidance, for it can not be gainsaid that all persons are not alike affected by them. In considering any advantages derivable from their moderate employment in the disorder under consideration I pass by the important question of their action on the mind and body in health, and of the

prejudice which is now being raised against them by such a large section of the community.

I think it is very questionable whether there is any headache benefited by alcohol, except that which attacks one side of the cranium. When the headache is not of this character I rarely prescribe a stimulant. It is wiser and safer to assume that the cause is rather within the reach of good food, rest, tonics, and in change of air, than alcohol in any form. Alcohol increases the energy of the heart and dilates the capillaries, while a small portion only of it is exhaled by the lungs, or thrown out by the other excretory organs. Dr. Richardson, speaking of the physiological action of alcohol, which he believes is no longer speculative, as it was at one time, says, "That the ultimate action of alcohol on the animal temperature is to reduce the temperature; that alcohol relaxes organic muscular fiber; that alcohol produces four destructive physiological states of the body; that alcohol reduces oxidation; that alcohol interferes with natural dialysis; that alcohol induces, even when it is taken in small quantities, a series of morbid changes and diseases which were not formerly attributed to it." I am in possession of sufficient data to justify the opinion that these nervous headaches have been kept at bay by wholly relinquishing stimulants and following a strictly careful and temperate diet. So many sufferers from headache have feeble digestive power, through their anemic or debilitated condition, that they falsely imagine stimulants compensate for the scanty food which they consume, taking wine or brandy habitually, from which they derive passing relief. If alcohol occasions a degree of excitement in the system, so as to induce heat of surface, quickened pulse, and flushing of the face, then it has been carried too far, and there is every chance that the patient will spend a night of discomfort, and the next morning will find him a sufferer. Many persons unfortunately believe that alcohol supplies the place of food; and among poor women I have found in hospital practice this error so deeply rooted that they go on with the indulgence under the notion that as they have lost their appetite for food they must "take something to keep them up." So surely as they fall into this pernicious practice they will injure their nervous system and favor a condition which demoralizes their feelings and destroys every remnant of energy.—*Medical Times and Gazette*.

Miscellany.

BATTEY'S OPERATION FOR INTERMENSTRUAL PAIN.—An interesting and instructive case is recorded by Fehling in a late number of the *Archiv für Gynäkologie*. The patient was aged thirty-one, married for eight years, but sterile. Menstruation was painless, but the patient said that she suffered from severe attacks of pain, which came on from fourteen to sixteen days after one menstrual period, and lasted till three days before the beginning of the next. The cervix uteri had been incised and dilated, the uterus had been depleted, the patient had tried one of the bath-cures, but without ben-

efit. She had had an attack of scarlet fever, during which the pain was quite absent. It was thought that the pain was connected with the maturation of Graafian follicles, and therefore spaying was advised, Prof. Hegar concurring with Dr. Fehling in this recommendation. The operation was performed in June, 1880, both ovaries being completely removed. The patient recovered. The ovaries were thought to possess an unusually tough and hard tunica albuginea, and the number of follicles were considered unusually small; but examination, both with the naked eye and the microscope, failed to detect any thing else abnormal about them. The patient left the hospital four weeks after the operation, and remained well for six or eight weeks later. Then the pains began to return, and soon became as bad as ever. Hemorrhage similar to that of menstruation also recurred. The patient, therefore, was not benefited by losing her ovaries. We have had occasion to speak strongly on the wrong done to medical science by authors who rush to announce their cases as cures before there has been time to ascertain whether the ultimate result has been beneficial or not. This case shows the necessity for caution before assuming that benefit immediately following extirpation of the ovaries will be permanent. Only in cases which have been watched for a long time can any thing be safely said as to whether they have been cured or not.—*Med. Times and Gazette.*

VIGINTENNIAL REUNION OF THE CLASS OF 1861, TRINITY COLLEGE, HARTFORD, JUNE 29, 1881:

"*Memorial.*—In gathering at our Alma Mater after an absence of twenty years, to renew the friendships and associations of our undergraduate life, we pause amid the many joys of such a meeting to give expression to our sorrow at the recent loss of one who held a high place in our affections. RICHARD OSWALD COWLING, M.D., died at Louisville, Ky., April 2, 1881. His medical brethren and the community in which he labored have borne fitting tribute to his professional ability and to the great loss they sustain by his death. We mourn him as a classmate and friend.

"Cowling entered the class in our second year. Of good physique, engaging manners, quick in repartee, generous and social in disposition, he quickly became one of 'Ours,' and the circle was indeed incomplete where he was an absentee. Quick of apprehension and of retentive memory, while not

a hard student, he easily obtained a standing which came to others only through hard work. He was a large man intellectually and morally as well as physically, and it was easy to predict that career of honor and usefulness which crowned his life.

"We fondly hoped that he would make one of us on this occasion; that we should once more listen to his cheery voice and feel the hearty clasp of his hand; but it was not to be! 'Whom the gods love die young.'"

NERVOUS PHENOMENA AS SHOWN BY THE EYES IN HYSTERO-EPILEPSY.—In a late communication Dr. Féré demonstrated some facts concerning various phenomena observable in the eyes of hystero-epileptics. Pressure on the ovaries, he says, modifies the dimensions of the pupil materially. As a result of numerous observations he found that whenever the field of vision is permanently lessened, or when the patient is color-blind, there will also be absence of sensibility in the conjunctiva and in the cornea.—*Translated from the French by L. S. Oppenheimer, M.D.*

EXCISION OF STOMACH.—Prof. Billroth is not daunted by the ill success hitherto attending his operations of excision of parts of the stomach. As most of the patients operated on died because the food collected in the fundus of the stomach, which was greatly dilated, Billroth intends for the future to establish a direct communication between this distended fundus and the lower end of the duodenum, the opening being guarded with a valve to prevent regurgitation of bile and chyme. The only patient on whom this has been attempted died ten days afterward; but Billroth hopes by improving his method of operating to render the operation practicable and successful.—*London Lancet.*

On the occasion of Dr. L. S. McMurtry's resignation from the Boyle County Medical Society, its members adopted complimentary resolutions commending him to the regard and confidence of the profession of Louisville. He was also elected an honorary member.

THE NEWS and Abstract, published by H. C. Lea's Son & Co., of Philadelphia, has changed its name to "The Medical News." It is a very handsomely-printed and well-edited weekly. Subscription, five dollars a year.

ORDER OF THE INDIANA STATE BOARD OF HEALTH.—In view of the great prevalence of smallpox throughout the State of Indiana and many of the surrounding States, the State Board of Health has issued the following order:

1. After January 1, 1882, no person, until after he has been successfully vaccinated, shall be admitted into any public or private school or institution of learning within this State, either in the capacity of teacher or pupil, and all persons admitted therein shall present to the principal thereof the certificate of a reputable physician as to the facts of their being successfully vaccinated.

2. It shall be the duty of all unvaccinated persons within this State to be successfully vaccinated within sixty days from January 1, 1882; and all unvaccinated persons coming into this State shall be required to be vaccinated within sixty days after coming into the State.

3. All children born within this State shall be successfully vaccinated with reliable bovine virus within one year after birth.

GUITEAU.—The test of responsibility as laid down by Judge Cox in the Guiteau case is as follows:

"The legal test of responsibility where insanity is set up as a defense for an alleged crime is whether the accused, at the time of committing the act charged, knew the difference between right and wrong in respect of such act. Hence in the present case if the jury find that the accused committed the act charged in the indictment, and at the time of the commission of his crime knew what he was doing, and that what he was doing was contrary to the law of the land, he is responsible, unless in consequence of insane mental delusions, or other forms of mental disorder, he was laboring under such defect of reason as to be incapable of understanding the obligation of the law of the land, and the duty and necessity of obedience to it, and of understanding that his act was wrong, because it was in violation of the law."

FUCHSINE IN BRIGHT'S DISEASE.—Prof. de Renzi, of Genoa, has used fuchsine in Bright's disease extensively. Almost after the first day there was noted a diminution in the amount of albumen in the urine and disappearance of the dropsy. The fuchsine was given in pill form, 0.025 gram, twice daily. For some days the urine was colored. In one case no result was obtained.

Dr. Brochut, of Paris, has had ten cases of

albuminuria cured by fuchsine. In every case the albumen rapidly decreased in quantity, and finally entirely disappeared after a longer or shorter period. The treatment generally lasted from one to six months, and the dose of the remedy varied from ten to twenty centigrams (one and a half to three and three fourth grains) daily.

Dr. James Sawyer has used fuchsine in many cases of albuminuria—mostly in cases of contracted kidneys—and says that no remedy has ever given him such good results. No untoward physiological effects have been observed from its use. The mucous membrane of the digestive organs becomes deeply colored by its use, and also the plasma of the blood. Investigation shows this latter effect to be due not to any change in the hemoglobin, but to the solution of fuchsine in the blood.—*Jas. Stewart, M.D., in Canada Med. and Surg. Journal.*

NEW SURGERY IN VIENNA—ANCHYLOSIS FOR INFANTILE PARALYSIS.—Some cases recently operated on by Prof. Albert have excited a good deal of interest. Struck by the fact that many subjects of infantile paralysis are condemned to the life-long use of more or less complicated apparatus to compensate for the loss of rigidity in the lower limbs, and that the poor can not get such instruments, he has attempted to increase the use of the legs by operation. He excises the knee- and ankle-joints, and thus obtains bony ankylosis between the femur and tibia, and tibia, fibula, and astragalus. The rigid lower limbs in walking are swung forward by the adductor and great flexor muscles of the hip-joint, which generally retain or recover their power. This treatment has already been carried out in four cases, and a fifth is now preparing for operation.—*London Lancet.*

NEW METHOD OF PREPARING THE SPINAL CORD FOR MICROSCOPIC SECTIONS.—Dr. Debove, according to the *Archives de Neurologie*, highly recommends the following method of hardening the spinal cord for microscopic sections: Place the cord in a solution (four-per-cent) of bicarbonate of ammonia for three weeks, then in a solution of phenic gum for three days, and for three days more in alcohol. Sections may then be cut with great facility. They should be placed in water to prevent curling. They are then immersed in a saturated solution of picric acid for twenty-four hours, and colored with carmine for about twenty minutes, the picric acid acting as a mordant.

Selections.

Prof. Verneuil on Phimosis.—In a clinical lecture delivered at La Pitié Prof. Verneuil observed (*Gaz. des Hôp.*) that phimosis is a tolerably frequent affection which is sometimes attended with rather serious accidents, as may be seen in a case now in the hospital, in which amputation of the penis became necessary. It was a case of phimosis complicated with balanoposthitis, predisposing to papilloma, and that to epithelioma.

The object of the lecture is not a general account of phimosis, but an account of its treatment. When it is characterized by mere narrowness of the orifice of the prepuce a *d'bridement* carried parallel to the axis of the prepuce, either by means of scissors, bistoury, or elastic cord, will suffice. It is a good operation when the narrowing is especially due to the formation of cicatricial tissue, as is observed, for example, after chancre. It is sufficient then to make the *d'bridement*, and leave the parts to themselves. There is also circumcision—an operation, in fact, far more difficult than is usually supposed. Sometimes it succeeds very well, but most frequently union does not take place by first intention, and the results of the operation are very prolonged. In some cases, too, it gives rise to more or less hemorrhage, and in others to more or less dangerous consequences. It is for these reasons that M. Verneuil often opposes its performance. A considerable time since dilatation of the prepuce had been proposed, but was abandoned in favor of circumcision, which was regarded then, quite erroneously, as a very simple operation. Dilatation, thus, if it had not become quite disused, was of very little account until Nélaton took it up, employing for this purpose a small special forceps which he had devised. It was on the faith of the results that Prof. Verneuil resorted to dilatation, which he has now performed for a long time, reserving circumcision for some special cases. Even in phimosis produced by cicatricial contraction the prepuce yields to dilatation, except in the very rare cases in which the tissue is very hard. Special forceps have been invented, which are all very well in Paris, where every variety of instrument is obtainable; but in country practice such facilities do not exist, and it is therefore well to know that the common dressing-forceps is just as convenient.

"As to the operative procedure, it is a very simple one. I put my patient to sleep because I wish to proceed as slowly as necessary, and to obviate the pain inherent to the operation. I draw out the prepuce, and commence by introducing a grooved director between the prepuce and the glans, and then I pass a second grooved director along the groove of the first. In this way a commencement of dilatation takes place, and then I introduce a common dressing-forceps, open it, and withdraw gradually, distending the prepuce, just as the anus is dilated by a speculum. Since I have had recourse to this procedure I have never yet met with a failure. All that can happen is a slight rupture of the preputial mucous membrane, giving rise to a few drops of blood. When the prepuce thus dilated is everted you wash the glans with some carbolized water. If the dilatation has been very considerable you then close the prepuce over the glans. If not you will have a paraphimosis that you should dress with lead lotion, without any fear that gangrene of the glans or penis will be produced

by strangulation. Still, gangrene of the glans does occasionally take place, of which we have had an interesting example during this year, without being able very well explain how it came to occur."

Malaria and Diabetes.—At a recent meeting of the Paris Académie M. Verneuil called attention to the relations existing between glycosuria and malarial diseases. Both maladies coexisted in six cases observed in his service, where the patients entered for various surgical diseases (epithelioma of penis, gangrenous patch (plaque) on the heel, tumor, etc.).

The principal memoir on the coexistence of these two morbid states is by M. Burdel, of Vierzon, presented to the Académie des Sciences in 1859. This observer found sugar in eighty out of eighty-six cases of true intermittent fever. The conclusions he arrives at are as follows:

1. There exists in malarial fever a veritable glycosuria.
2. This diabetes is ephemeral; it appears with the fever, persists during its continuance, and disappears with it.
3. The glycosuria of intermittent fever reveals the deep and special effect this form of fever has on the equilibrium existing between the cerebro-spinal and the sympathetic nervous systems.
4. This explanation, given by Cl. Bernard, is in conformity with the clinical facts.
5. The more violent and intense the access of fever, the greater the quantity of sugar found in the urine.
6. When, upon the contrary, the attacks become more numerous and less intense; when, in a word, the malarial cachexia becomes established, then it will be found that the quantity of sugar is much less.

The cases observed by M. Verneuil have led him to somewhat different conclusions, and none of his patients had had actual attacks of intermittent for some time previous to coming under his observation. These cases and others have led M. Verneuil to arrive at the following conclusions:

1. Malaria frequently engenders glycosuria.
2. Which presents itself in two forms: the one contemporary with the febrile attack, and, like it, short and fugacious; the other supervening at a period more or less distant, independent of the febrile paroxysm, and permanent.
3. Permanent glycosuria seems to attack by preference vigorous subjects having some leaning to the arthritic diathesis.
4. Glycosuria of malarial origin appears to be one of the benign forms of diabetes.
5. Intermittent affections supervening in such subjects may take on certain characters of malaria or glycosuria or of both diseases at the same time.

Traumatic lesions may awaken or aggravate the two diatheses, particularly the accidents of malarial origin.

M. Leon Colin considered that a greater number of observations were needed to confirm the conclusions arrived at by M. Verneuil.—*Medical and Surgical Reporter.*

Ovariectomy.—The November number of the American Practitioner contains a series of practical remarks on the subject of ovariectomy, made by Dr. Thomas Keith, in the course of an interview. This distinguished ovariectomist had observed several instances of carbolic-acid poisoning occurring in patients upon whom he had operated under antiseptic

precautions, and had himself been injuriously affected by this agent. Since March he had stopped the spray altogether. Practically, he states, he has not used antiseptics since, in the proper sense of the word. Sometimes he does use very weak carbolic solutions, but not as a spray; at other times he uses water alone. He doubts very much whether the spray is of any use whatever in ovariectomy operations, and does not favor the adoption of new antiseptics, such as the eucalyptus, etc. As he has had no fatal issues to record since abandoning the spray no basis is afforded for the comparison of death-rates with and without its use. From March to the date of the interview twenty-six operations were performed without antiseptics—at any rate without the spray—each with happy issue. In twenty-six cases operated on before he began antiseptics Dr. Keith lost one patient. In a total of fifty-two cases done without antiseptics there was, then, one death. Thirteen of these patients, furthermore, were operated upon in the hospital, where they were specially liable to suffer from septic and other injurious influences. Since this interview Dr. Yandell states in a note that Dr. Keith has done twelve other ovariectomies without a death. Subsequent to discarding the spray temperatures any thing like 103° were not observed; 100° was rarely passed, and ice-bags used but once. Dr. Keith now drains more cases than when he operated under antiseptics. He prefers ether to chloroform. Speaking of fibroids he stated that the operation for their removal had become a fashion, and was performed too often; the only ones that should be removed were rapidly-growing fibroids in young women. Five of his cases were done successfully without antiseptics; of four done under the spray one died of carbolic poisoning.—*Medical Record*.

Arsenic in Anemia.—Dr. Stewart (Canada Med. and Surg. Journal) writes:

Next to iron, and in some forms of anemia to be preferred to it, is *arsenic*. It is the only drug that has been successful in the treatment of severe idiopathic anemia. The following case recorded by Dr. Broadbent is a good illustration of the value of arsenic in this disease: A woman, aged forty-two, who had been anemic for four months, was admitted, and on examination she was found to have only five hundred and sixty thousand red cells per cubic millimeter, or 31.2 per cent. After taking twenty-four minims of arsenic daily for two months the red cells had increased to sixty-seven per cent. In the remarks appended to the report of the case it is held "that there can be but little doubt that it was a case of essential or pernicious anemia; the patient had the appearance characteristic of this disease and the sub-febrile temperature, while the red corpuscles were not only reduced in number to an unusual degree, but deformed. Whether this diagnosis be accepted or not, the failure of iron to do good, and the rapid improvement during the administration of arsenic, are remarkable. In little more than two months the patient passed from extreme anemia to apparently perfect health, with wonderfully good color of the cheeks and mucous membranes, and she continued well and strong for some months after leaving the hospital, up to the time when she ceased to present herself for examination."

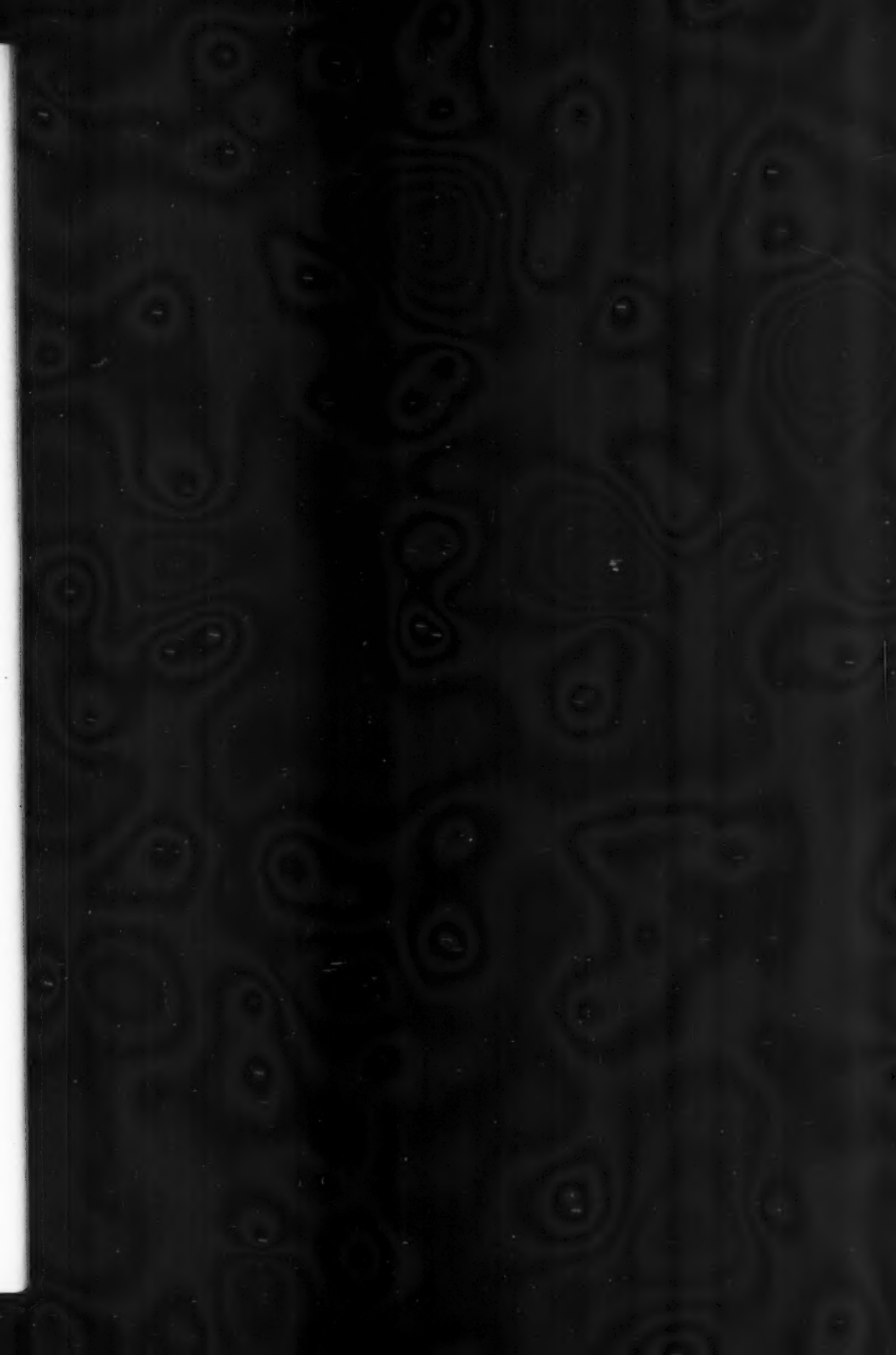
Arsenic cured two cases of pernicious anemia under the care of Dr. Finny, of Dublin. Whether arsenic acts in malignant lymphoma by virtue of its hematinic properties or not it is a well established fact that it has proved curative in some of these cases.

Several cures of this kind are reported by Billroth. Czerny has also cured cases with it. Israel has reported the case of a woman sixty-five years of age who had a malignant lymphomatous formation infiltrating the glands of the neck, sufficient to cause difficulty in swallowing, completely cured by arsenic. The arsenic was used internally, and also injected into the swelling.

Urinary Fistula.—At the last meeting of the Academie de Medicine M. le Dentu communicated an interesting case of urinary fistula of the left inguinal region, consecutive to a peri-nephritic abscess that occurred in his practice, and for which he extirpated the corresponding kidney with success. He was called to an individual, aged thirty-two, who was affected with a fluctuating tumor of the left iliac fossa, and suffering great pain. In the most dependent part M. le Dentu made an incision, and a liquid, clear, but soon mixed with blood, flowed from the wound. In a few days the urine commenced to issue in abundance through the same aperture. However, after a short time the liquid diminished considerably, yet never totally, and gave rise frequently to inflammatory attacks, followed by suppuration. The life of the patient being compromised, M. le Dentu proposed extirpation of the kidney, which was agreed on. The decortication was easy, and the renal organ was found to be degenerated in its two upper thirds, and converted into a cyst, which was voluminous. Two ligatures of catgut were thrown around its base, and with the scissors ablation of the tumor was effected. All antiseptic precautions were used. During some days the patient was very low, the pulse varying between 120 and 145. The temperature was about normal. The operation wound was completely cicatrized at the end of two months. As to the fistula, it was enlarged by the thermo-cautery on the day of the operation, it is not yet completely closed, it gives issue to a few drops of purulent serosity daily, but no urine, the flow of which by the ordinary channel had never yet been disturbed, and the patient, who is a distinguished dramatic artist, was able to make a brilliant appearance last month.—*Med. Times and Gaz.*

Quinine Enemata.—With regard to the methods of administration, Dr. Alonzo Clark, of New York, observes: I have not become a lover of the hypodermic injection of quinine, for it so very generally has made sores in instances where I have seen it used. If the druggist can prepare it in such a way that there will be no irritation, I would be less inclined to object to it; but I know it is effectually administered by injection into the bowel, and given in this manner it acts at least in an innocent way, but it must be given in large doses to be effective. The doses which were employed four or five years ago would seem only to inflame the fever and not to reduce the temperature. It must be used in ten-grain doses three times a day, and you will find that injecting it into the bowel will be just as efficacious as if it were taken by the mouth. I feel quite sure that I can make five or ten grains of quinine, properly dissolved, do just as much for the general system when injected into the bowel as if it were taken into the stomach.

Nerve-stretching.—In Langenbech's first case of nerve-stretching for locomotor ataxy no posterior sclerosis was found post mortem. Prof. L. regarded it, nevertheless, as a genuine ataxy, but in so early a stage that the peripheral nerves only were affected.





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MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

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(*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an *inhalation* in diphtheria, laryngitis, bronchitis, bronchorrhea, etc.; as an *injection* in gonorrhea, leucorrhea, cystitis, etc.; and *internally* as an aid to digestion, to allay cough, to facilitate expectoration, and to stimulate the kidneys. It is also an astringent and is said to be of great value in hemoptysis.

Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M.D., M.R.C.P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis**, acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

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("MOUNTAIN SAGE.") *Artemisia Frigida*. Fluid extract of the herb. Dose, one to two fluid drams. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous center, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

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"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly indorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

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